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6 UNITED STATES DISTRICT COURT  
7 WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

8 LAURA MARY NASTASE, )  
9 )  
Plaintiff, ) Case No. C09-1138-RAJ-BAT  
10 v. )  
11 BENJAMIN SANDERS, *et al.*, ) **REPORT AND**  
12 Defendants. ) **RECOMMENDATION**

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13 Plaintiff Laura Mary Nastase, proceeding *pro se* and *in forma pauperis*, is presently  
14 incarcerated in the Maleng Regional Justice Center (“RJC”) in Kent, Washington. In this 42  
15 U.S.C. § 1983 civil-rights action, Ms. Nastase contends that defendants violated the Eighth  
16 Amendment’s proscription on cruel and unusual punishment by showing deliberate indifference  
17 to her serious medical needs in two ways: (1) defendants declined to prescribe her Vistaril; and  
18 (2) defendants once dispensed Prazosin to her at an incorrect dosage. (Dkt. 8, at 3; *see* Dkt. 1-2,  
19 at 3–6 (Letter from Sanders to Nastase of 7/18/09).) The Court recommends GRANTING  
20 defendants’ motion for summary judgment (Dkt. 31) and DENYING Ms. Nastase’s motion to  
21 continue ruling on defendants’ motion for summary judgment (Dkt. 38), cross-motion for  
22 summary judgment (Dkt. 35 (entitled “Motion to State a Claim”)), motion to modify the  
23 scheduling order (Dkt. 39 (entitled “Requesting Continuance”)), and motion to appoint counsel

1 (Dkt. 40).

## 2 BACKGROUND

3 Ms. Nastase is serving a sentence for theft at the RJC. (Dkt. 33 (hereinafter “Krzyzek  
4 Decl.”), at 2.) She suffers from chronic mood disorders (including bipolar, anxiety, and post-  
5 traumatic stress disorder, and poly-substance abuse/dependence of cocaine, marijuana,  
6 benzodiazepine (a group of tranquilizers), and alcohol. (*Id.*) Defendants are associated with Ms.  
7 Nastase’s medical or psychiatric treatment: Dr. Benjamin Sanders, Medical Director for the King  
8 County Correctional Facilities (Dkt. 32 (hereinafter “Sanders Decl.”); Dr. Brian Waiblinger, a  
9 psychiatrist (Dkt. 8, at 3); Barbara Krzyzek, Advanced Registered Nurse Practitioner (ARNP)  
10 and Psychiatric Provider in the RJC (Krzyzek Decl., at 1–2); and Dean Webb, Chief of Pharmacy  
11 at the King County Department of Public Health (Dkt. 8, at 3; Dkt. 21, at 1).

12 Pursuant to 42 U.S.C. § 1983, Ms. Nastase must show (1) that she suffered a violation of  
13 rights protected by the Constitution or created by federal statute, and (2) that the violation was  
14 proximately caused by a person acting under color of state or federal law. *West v. Atkins*, 487  
15 U.S. 42, 48 (1988); *Crumpton v. Gates*, 947 F.2d 1418, 1420 (9th Cir.1991). Ms. Nastase  
16 contends that defendants violated the Eighth Amendment’s proscription on cruel and unusual  
17 punishment by showing deliberate indifference to her serious medical needs in two ways. First,  
18 Ms. Nastase contends that defendants needlessly refuse to prescribe Vistaril to her. (Dkt. 8, at  
19 3.) Second, she contends that the pharmacy once dispensed 10mg of Prazosin to her when her  
20 prescription called only for 4mg. Ms. Nastase claims that the high dosage “made me almost faint  
21 in front of Officer Young. Young watched me all morning while I slept.” (*Id.*) Ms. Nastase  
22 argues that defendants actions constitute cruel and unusual punishment. (*Id.*) Defendants  
23 respond that there are sound medical reasons for not prescribing Vistaril to Ms. Nastase, and that

1 the dispensing mistake was corrected as soon as it was discovered and had little adverse effect  
2 given that Ms. Nastase noticed the mistake and took a single 5mg tablet of Prazosin instead of  
3 two 2mg tablets. (Dkt. 31, at 3–5.)

4 Defendants move for summary judgment. (Dkt. 31.) Ms. Nastase has responded with  
5 several motions: a motion to continue ruling on defendants’ summary-judgment motion (Dkt.  
6 38); a cross-motion for summary judgment (Dkt. 35); a motion to modify the scheduling order  
7 (Dkt. 39); and a motion to appoint counsel (Dkt. 40).<sup>1</sup>

## 8 DISCUSSION

### 9 I. Summary Judgment Standard

10 Summary judgment should be granted when “the pleadings, the discovery and disclosure  
11 materials on file, and any affidavits show that there is no genuine issue as to any material fact  
12 and that the moving party is entitled to judgment as a matter of law.” Fed. R. Civ. P. 56(c)(2);  
13 *Celotex Corp. v. Catrett*, 477 U.S. 317, 322 (1986). The Court draws all reasonable inferences in  
14 favor of the non-moving party. *United States v. Johnson Controls, Inc.*, 457 F.3d 1009, 1013  
15 (9th Cir. 2006). The moving party can carry its initial burden by producing affirmative evidence  
16 that negates an essential element of the nonmovant’s case, or by establishing that the nonmovant  
17 lacks the quantum of evidence needed to satisfy his burden of persuasion at trial. *Nissan Fire &*  
18 *Marine Ins. Co. v. Fritz Cos.*, 210 F.3d 1099, 1106 (9th Cir. 2000).

19 Once this has occurred, the procedural burden shifts to the party opposing summary  
20 judgment. That party must go beyond the pleadings and affirmatively establish a genuine issue  
21 on the merits of her case. Fed. R. Civ. P. 56(e). The nonmoving party must do more than simply  
22 deny the veracity of everything offered or show a mere “metaphysical doubt as to the material  
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<sup>1</sup> The Court denied Ms. Nastase’s previous motions to appoint counsel. (Dkts. 9, 20.)

1 facts.” *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986).

## 2 **II. Ms. Nastase’s Eighth Amendment Claims**

3 With a claim of alleged medical mistreatment in violation of the Eighth Amendment, an  
4 inmate must allege “acts or omissions sufficiently harmful to evidence deliberate indifference to  
5 serious medical needs.” *Estelle v. Gamble*, 429 U.S. 97, 106 (1976). A prison official may be  
6 held liable “only if he knows that inmates face a substantial risk of serious harm and disregards  
7 that risk by failing to take reasonable measures to abate it.” *Farmer v. Brennan*, 511 U.S. 825,  
8 847 (1994). An inmate alleging an Eighth Amendment violation must satisfy a two-part test and  
9 prove that: (1) the deprivation was, objectively, “sufficiently serious”; and (2) the prison officials  
10 acted with a “sufficiently culpable state of mind.” *Id.* at 834 (cited sources omitted). The latter  
11 subjective showing requires plaintiff to prove that (a) an official was aware of facts from which  
12 he could have inferred that a substantial risk of serious harm existed, and (b) that the official in  
13 fact drew the inference. *See Farmer*, 511 U.S. at 837. Deliberate indifference may be found  
14 where prison officials “deny, delay or intentionally interfere with medical treatment, or it may be  
15 shown by the way in which prison physicians provide medical care.” *Hutchinson v. United*  
16 *States*, 838 F.2d 390, 394 (9th Cir. 1988). The indifference, however, must be substantial;  
17 inadequate treatment due to negligence, inadvertence or differences in judgment between an  
18 inmate and medical personnel do not rise to the level of a constitutional violation. *See id.*;  
19 *Sanchez v. Vild*, 891 F.2d 240, 242 (9th Cir. 1989). Prison officials may be free from liability if  
20 they “responded reasonably” to a known risk; a dispute, in hindsight, over the existence of  
21 arguably superior alternatives does not raise a triable issue of fact as to whether the defendants  
22 were deliberately indifferent. *See Farmer*, 511 U.S. at 844; *Berg v. Kincheloe*, 794 F.2d 457, 462  
23 (9th Cir. 1986).

1 Defendants are entitled to summary judgment because the undisputed evidence shows  
2 that defendants neither objectively nor subjectively exhibited deliberate indifference to Ms.  
3 Nastase's serious medical needs. Rather the undisputed evidence shows that defendants have  
4 been assiduous rather than indifferent in treating Ms. Nastase's medical needs.

5 **A. Prescribing Vistaril**

6 Defendants' choice not to prescribe Vistaril was neither objectively "sufficiently  
7 serious," nor was the decision made with a "sufficiently culpable state of mind." First,  
8 objectively, the undisputed evidence shows that the purported deprivation was not sufficiently  
9 serious because prescribing Vistaril to Ms. Nastase was not clinically indicated and doing so  
10 would have been unwise. (Krzyzek Decl., at 4; Sanders Decl., at 2–3; Sanders Decl., Att. A  
11 ("Prescribing Guidelines for Psychiatric Medications Used by the Jail Health Services")).  
12 Vistaril is an anti-histamine that is commonly prescribed for itching and rashes, and sometimes is  
13 used as a short-term treatment for anxiety and sleep disorders. (Krzyzek Decl., at 4.)  
14 Defendants have stated a number of valid reasons for not prescribing Vistaril to Ms. Nastase:  
15 (1) Ms. Nastase's symptoms are chronic and long-term, and Vistaril is considered inappropriate  
16 for long-term treatment (*id.*); (2) Vistaril can be sedating, and sedated inmates can suffer  
17 physical injury by tripping and falling, are more vulnerable to assaults and abuse by other  
18 inmates, and are less able to handle legal matters and hearings (*id.*); (3) Ms. Nastase could suffer  
19 an adverse reaction, including an overdose and death, if she took Vistaril in combination with a  
20 non-prescribed drug (*id.* at 5; Sanders Decl., at 3), and Ms. Nastase has a history of poly-  
21 substance abuse and has tested positive for non-prescribed tranquilizers and marijuana even  
22 while incarcerated (Krzyzek Decl., at 5; Sanders Decl., at 3); (4) the RJC's prescribing  
23 guidelines limit the use of Vistaril to patients suffering from acute agitation, mania, or psychotic

1 processes and Ms. Nastase has not shown such symptoms (Sanders Decl., at 2–3; Sanders Decl.,  
2 Att. A, at 8); (5) there are numerous other medications available to treat Ms. Nastase’s symptoms  
3 (Krzyzek Decl., at 5; Sanders Decl., at 3); and (6) there is a black market on Vistaril in the RJC  
4 and officials suspect that Ms. Nastase tested positive for non-prescribed tranquilizers because she  
5 either purchased them in prison or acquired them from another inmate (*id.*; Krzyzek Decl., at 5).  
6 In contrast, Ms. Nastase has failed to state why taking Vistaril was so essential to her physical  
7 and mental well-being that the deprivation of it amounted to defendants’ attempt to wantonly  
8 inflict pain.

9       Second, the undisputed evidence shows that defendants did not subjectively believe they  
10 were exposing Ms. Nastase to a substantial risk of serious harm by choosing not to prescribe her  
11 Vistaril. According to her Psychiatric Provider Barbara Krzyzek, the RJC’s psychiatric and  
12 medical staff has provided Ms. Nastase with more treatment than any other current RJC inmate.  
13 (Krzyzek Decl., at 3.) Between her booking in April through October 2009, an RJC psychiatric  
14 or medical staff member saw Ms. Nastase on almost a daily basis. (*Id.*) Ms. Nastase frequently  
15 visited the RJC clinics for lab work, treatments, and follow-up, while nursing staff provided her  
16 with daily medication. (*Id.*) RJC inmates request psychiatric and medical assistance by filing  
17 “kites.” (*Id.*) Between April and October 2009, the RJC psychiatric and medical staff responded  
18 to 75 kites from Ms. Nastase. (*Id.*) In response to Ms. Nastase’s frequent requests for  
19 psychiatric and medical services, the Jail Health Services staff met in September 2009 and  
20 devised a Special Needs Treatment Plan for Ms. Nastase, the first and only time that the RJC has  
21 specially managed an inmate’s treatment in this formal manner. (*Id.*) Under that plan, a nurse  
22 was to visit Ms. Nastase weekly to address her concerns. (*Id.*) However, in October 2009, Ms.  
23 Nastase informed RJC staff members that she no longer wanted to be visited weekly by a nurse

1 and no longer required special attention and service. (*Id.* at 4.)

2       The crux of Ms. Nastase’s claim is that defendants should have prescribed Vistaril for her  
3 condition, and that their decision not to do so was tantamount to deliberate indifference to her  
4 serious medical needs. (Dkt. 8, at 3.) However, unless a prisoner can “show that the course of  
5 treatment the doctors chose was medically unacceptable under the circumstances” and “that they  
6 chose this course in conscious disregard of an excessive risk to [the prisoner’s] health,” a  
7 difference of opinion between a physician and a prisoner over the appropriate course of treatment  
8 does not amount to deliberate indifference to serious medical needs. *Jackson v. McIntosh*, 90  
9 F.3d 330, 332 (9th Cir. 1996).

10       Ms. Nastase has failed to show that that there is a genuine issue of material fact regarding  
11 whether her difference of opinion with the RJC’s medical and psychiatric staff over prescribing  
12 Vistaril amounted to deliberate indifference to serious medical needs. Defendants are entitled to  
13 summary judgment on this issue as a matter of law.

#### 14       **B.       Dispensing Prazosin**

15       Ms. Nastase’s complaint about the jail pharmacy’s refill error also fails to satisfy either  
16 the objective or the subjective prong of an Eighth Amendment violation. Psychiatric Provider  
17 Barbara Krzyzek prescribed 4mg doses of Prazosin (two 2mg capsules) for Ms. Nastase to take  
18 at bedtime to help control nightmares. (Krzyzek Decl., at 6; Dkt. 34 (hereinafter “Sandhu  
19 Decl.”), at 2.) In early July 2009, the pharmacy made an unintentional dispensing error by  
20 providing Ms. Nastase with a refill of 5mg capsules of Prazosin. (Sandhu Decl., at 2.) Ms.  
21 Nastase reported that she “almost fainted” due to the prescription mistake. (Dkt. 8, at 3.) In her  
22 chart, she reported that she “barely made it to [her] bed,” that she “was all white,” and actually  
23 fainted. (Sandhu Decl., Att., at 4–5 (“Psych Provider Clinic Follow-Up Note”).) She apparently

1 noticed the difference in the tablet size, and took only one 5mg tablet in the morning rather than  
2 at nighttime because she was sleeping during the days instead of the nights. (*Id.*) She took the  
3 single 5mg tablet once a day for approximately a week. (*Id.* at 5.) The pharmacy corrected its  
4 error and provided Ms. Nastase with the correct dosage. (Sandhu Decl., at 2.)

5 First, it would strain credibility to conclude, objectively, that Ms. Nastase was subjected  
6 to cruel and unusual punishment by being exposed for one week to a single milligram more of  
7 Prazosin daily given that, at most, Ms. Nastase passed out in her bed and slept all morning, and  
8 that Psychiatric Provider Barbara Krzyzek typically prescribed 6–8mg doses of Prazosin to other  
9 patients. (Krzyzek Decl., at 6.) Second, subjectively, defendants corrected the inadvertent error  
10 as soon as they became acquainted with it. “[A]n inadvertent failure to provide adequate medical  
11 care cannot be said to constitute ‘an unnecessary and wanton infliction of pain’ or to be  
12 ‘repugnant to the conscience of mankind.’” *Estelle*, 429 U.S. at 105–06.

13 Ms. Nastase has failed to show that there is a genuine issue of fact regarding defendants’  
14 indifference to her serious medical needs based on the dispensary error involving Prazosin.  
15 Defendants are entitled to summary judgment on this issue as a matter of law.

### 16 **III. Ms. Nastase’s Additional Motions**

#### 17 **A. Motion to Continue Ruling on Defendants’ Summary Judgment Motion**

18 In response to defendants’ motion for summary judgment, Ms. Nastase moves to continue  
19 ruling on defendants’ summary-judgment motion. She asserts that she has an “intention to  
20 dispute many of the statements” made by defendants, and that she is presently photocopying a  
21 number of important exhibits, but she never specifies what statements she disputes or indicates  
22 the relevance of the photocopied exhibits. (Dkt. 38, at 1.) Her motion lacks merit.

23 If a party opposing a summary-judgment motion shows by affidavit that, for specified



1 reasons, she cannot present facts essential to justify its opposition, the Court may deny the  
2 summary-judgment motion, order a continuance to enable the relevant information to be  
3 obtained, or issue any other just order. Fed. R. Civ. P. 56(f). A party opposing summary  
4 judgment is required to identify specific facts that further discovery would reveal, and to explain  
5 why those facts would preclude summary judgment. *See Tatum v. City and County of San*  
6 *Francisco*, 441 F.3d 1090, 1100–01 (9th Cir. 2006); *Hall v. Hawaii*, 791 F.2d 759, 761 (9th Cir.  
7 1986). Even if the non-moving party has had little opportunity to request discovery, a Court  
8 need not delay ruling on a summary-judgment motion if discovery would be futile. *See*  
9 *Burlington No. Santa Fe R. Co. v. Assiniboine & Sioux Tribes of the Fort Peck Reservation*, 323  
10 F.3d 767, 773 (9th Cir. 2003).

11 Ms. Nastase has failed to identify specific facts that further discovery would reveal, and  
12 has failed to explain why those facts would preclude summary judgment. Ms. Nastase has failed  
13 even to specify which of defendants’ statements she disputes. Given the evidence that has been  
14 presented by defendants, none of which has been contradicted, the Court cannot discern how Ms.  
15 Nastase could show cruel and unusual punishment deriving from (a) a medical decision not to  
16 prescribe a particular drug, or (b) an inadvertent dispensing mistake, quickly corrected, that  
17 resulted, at most, in Ms. Nastase sleeping throughout the morning.

18 The Court recommends denying Ms. Nastase’s motion to continue ruling on defendants’  
19 summary-judgment motion (Dkt. 38).

20 **B. Ms. Nastase’s Cross-Motion for Summary Judgment**

21 In a “Motion to State a Claim” (Dkt. 35), which the Court interprets to be a cross-motion  
22 for summary judgment, Ms. Nastase asks for a ruling in her favor regarding defendants’ decision  
23 not to prescribe her Vistaril. She appends 29 pages of exhibits (Dkt. 35-2), which include her

1 medical kites and responses with respect to her desire to obtain Vistaril. She does not, however,  
2 show that defendants' decision regarding Vistaril amounts to anything other than a difference  
3 opinion with her own. The Court recommends denying Ms. Nastase's cross-motion for summary  
4 judgment (Dkt. 35).

5 **C. Motion to Modify the Scheduling Order**

6 Ms. Nastase moves for a month-long continuance of the discovery deadline (Dkt. 39),  
7 which the Court interprets to be a motion to modify the scheduling order. *See* Fed. R. Civ. P.  
8 16(c). "A schedule may be modified only for good cause and with the judge's consent." *Id.*

9 Ms. Nastase states that she seeks to modify the schedule due to "plaintiff[']s state of mind  
10 and ability to continue in an appropriate manner." (Dkt. 39, at 1–2.) The Court notes that Ms.  
11 Nastase's impairments are of a chronic nature and that she has failed to detail how a modification  
12 of the scheduling order would alter the Court's ruling on defendants' summary-judgment motion.  
13 (Dkt. 39-2 (Ms. Nastase's 23-page exhibit, including a Social Security Administration decision  
14 finding Ms. Nastase to be disabled since Apr. 1, 1999).) The Court therefore recommends  
15 DENYING as moot Ms. Nastase's motion to modify the scheduling order (Dkt. 39).

16 **D. Motion to Appoint Counsel**

17 Ms. Nastase moves for appointment of counsel (Dkt. 40). The Court recommends  
18 DENYING her motion to appoint counsel for the reasons specified in the Order dated September  
19 1, 2009 (Dkt. 9).

20 **CONCLUSION**

21 Undisputed evidence shows that there is no genuine issue as to any material fact and that  
22 defendants are entitled to judgment as a matter of law. The Court therefore recommends  
23 GRANTING defendants' motion for summary judgment (Dkt. 31) and DENYING Ms. Nastase's

1 motion to continue ruling on defendants' motion for summary judgment (Dkt. 38), cross-motion  
2 for summary judgment (Dkt. 35), motion to modify the scheduling order (Dkt. 39), and motion to  
3 appoint counsel (Dkt. 40). A proposed Order is attached.

4 DATED this 3<sup>rd</sup> day of February, 2010.

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8 BRIAN A. TSUCHIDA  
9 United States Magistrate Judge  
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